



Michael Harvey Ph.D.

Motivational Interviewing

Author of;
*Listen With the Heart, and
Odyssey of Hearing Loss*

Oticon Interview with Michael Harvey Ph.D. Clinical Psychologist.
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Beck: Hi Michael. Thanks for joining me today.

Harvey: Good morning Doug. It's always fun chatting with you.

Beck: Michael, I know you have an extensive history as a psychologist working with hearing impaired people. You've also been teaching "The Psychology of Deafness" at the School of Audiology at the Pennsylvania School of Optometry for 7 years; you taught at Gallaudet for two years on "Psycho-Social Aspects of Deafness" and "Family Therapy with Deaf Persons" and you've been teaching a course at Boston University called "Counseling Deaf Individuals" and you have published many papers and written many books on these and related topics - all of which is detailed in your website. Would you please elaborate on how you got involved in this area?

Harvey: Some thirty years ago, I took a sign language course and it was fascinating. Years later, I become the director of an agency that worked with culturally deaf people who signed. I learned that for that clientele, deafness was a difference to be accepted, not necessarily a deficit to be corrected. Of course, there's a difference between those who are congenitally deaf and those with acquired hearing loss. Perhaps for the majority of those with acquired hearing impairment, their hearing impairment represents a deficit, something they would very much like to correct. However, culturally deaf people sometimes view themselves quite differently and they may have a lesser need to correct their deafness. Of course these are generalisations. Each person has unique experiences, realities and desires to be considered. As you know, I've also been working with audiologists through my faculty appointment at the Pennsylvania College of Optometry, School of Audiology.

Beck: Thanks Michael. OK, let's discuss Motivational Interviewing. Please tell me what it is and how it's used.

Harvey: Basically, motivational interviewing bridges the gap between professional advice and patient adherence. In other words, even when a competent healthcare professional offers recommendations and advice, the likelihood of the patient following the recommendation is fairly low.

Motivational Interviewing allows the audiologist to use psychological methods to better direct and guide the interaction, to motivate the patient to seek solutions and follow through with the recommendations. The core concept of motivational interviewing comes from drug and alcohol rehabilitation programs, and the technique has proven to be very effective in those arenas.

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Beck: Very good. So then as audiologists, do we need to direct the conversation in a way that sets the stage for a successful outcome?

Harvey: Exactly. Audiologists and other Hearing Care Professionals are well trained in interpreting a patient's audiogram and choosing and adjusting technology, hearing aids and software, etc. But from my view as a psychologist, that same knowledge provides a catalyst for

patients to experience certain emotions while they're in your office, and that's critical. Mother Theresa said (paraphrased) "People may not remember exactly what you said or did, but they'll remember how you made them feel."

Beck: That sounds entirely too easy. So you're saying if we make them feel good, they'll be more likely to comply with hearing aid and aural rehabilitation recommendations?

Harvey: If only it were that easy! In motivational interviewing (MI) the three most important factors are curiosity, curiosity, and curiosity. The audiologist engages in a directed discourse from which they ask questions which probe, direct and reveal the obvious and desired outcome, and that same discourse can imply the clear solution. In other words, if successfully engaged, motivational interviewing

allows the patient to discover and desire the appropriate and beneficial outcome.

Beck: OK. Let's examine how motivational interviewing might be applied in the real world.

Harvey: Most importantly, you mustn't be in a hurry to give advice. There are four categories of questions you want to be aware of within MI. The first is Problem Recognition - does the patient recognise the problem? So you might ask "Do you think you have hearing loss?" Or you might ask "What difficulties have you had in relation to your hearing loss?" The second is to Elicit Expressions of Concern. You might ask "What worries you about your hearing loss?" Or perhaps, "How do you feel about your hearing loss?" The third category is Intention to Change, and this is very revealing. You might say something like "What makes you think you may actually need to get a pair of hearing aids?" You might approach it with "Can you recall a time when your hearing was better?" The last category is Self Efficacy, in other words, what is the patient's ability or capacity to change? These areas can be probed with a simple approach, such as "What do you think is keeping you from getting hearing aids?"

Beck: Are you saying that what the patient says through the MI process is actually what's going to happen?

Harvey: Sort of. What the patient says increases the probability of an outcome, more so than what the audiologist says. If you can elicit self motivational change statements; if you do a good job directing the interview, you'll increase the probability the patient will identify with the discourse and the outcome. Hence, the patient becomes the one that has arrived at the solution and is motivated to manage the situation.

Beck: So they need to give voice to the direction of change?

Harvey: Yes, that's the idea. You engage in a Socratic dialogue of sorts, in which the audiologist acts as a neutral facilitator. As the patient reveals and discovers and takes ownership of the problem, they actively seek improvement.

Beck: Michael, what can you tell me about ambivalence?

Harvey: Ambivalence very much relates to the audiologist recommending hearing aids. Of course, you'll see many patients that have acquired hearing loss and they really need hearing aids. You know in your heart and as a professional, that the patient would absolutely benefit from hearing aids. But the thing is, they both want and don't want hearing aids. They're ambivalent. Physicians go through the

same thing. Roughly half of their patients will never collect their prescriptions, even though they requested medication. Ambivalence is a strong emotion and it needs to be managed carefully. Freud said something like "All decisions involve ambivalence" and I think, at least in this situation, he was right. There are many power struggles that occur because ambivalence isn't managed well. So the first step is to tackle it head on, for instance, by explicitly talking about the pros and cons of getting hearing aids. Once ambivalence has been voiced, it loses its toxic impact. It's better to discuss it and move on, rather than having ambivalence in the background threatening the entire process. Silence is poison.

Beck: How do we know when to use MI? In other words, which patients do we apply this to?

Harvey: Good question. In my view, MI is actually a generalised approach to patient care. It teaches you not to make too many assumptions about patients' readiness for change and not to offer many suggestions or solutions too quickly. Patients go through stages of readiness to change. The key is to be curious, and that means two things - ask the right questions and listen carefully to the answers!

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Beck: Thanks Michael. It's been a pleasure talking with you.

Harvey: Thank you, Doug. It's been fun for me, too.

Additional Readings and Recommendations

- Harvey, M.A. (2003). Audiology and motivational interviewing: A psychologist's perspective. www.audiologyonline.com.
- Harvey, M.A. (2003) When a patient requests hearing aids but doesn't want them: Psychological strategies of managing ambivalence. *Feedback*, 14(3), 7-13.
- Harvey, M.A. (2003). A dying father helps his daughter to live. *Hearing Review*, 10(4), 34-37, 80.
- Harvey, M.A. (2002). Trout fishing: the gentle art of persuasion with hard-of-hearing adolescents. *Hearing Review*, 9(11), 40-55.
- Harvey, M.A. (2000). The transformative power of an audiology visit. *Hearing Journal*, 53(2), 43-47. ■